

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INT. A.	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	2/6/01
FORMALITY REVIEW	MH	TC4/920	02-21-01
RESPONSE FORMALITY REVIEW	SK	809	5/30/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	02/02/01
2	✓	✓	02/02/01
3	✓	✓	02/02/01
4	✓	✓	02/02/01
5	✓	✓	02/02/01
6	✓	✓	02/02/01
7	✓	✓	02/02/01
8	✓	✓	02/02/01
9	✓	✓	02/02/01
10	✓	✓	02/02/01
11	✓	✓	02/02/01
12	✓	✓	02/02/01
13	✓	✓	02/02/01
14	✓	✓	02/02/01
15	✓	✓	02/02/01
16	✓	✓	02/02/01
17	✓	✓	02/02/01
18	✓	✓	02/02/01
19	✓	✓	02/02/01
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31	✓	✓	02/02/01
32	✓	✓	02/02/01
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42	✓	✓	02/02/01
43	✓	✓	02/02/01
44	✓	✓	02/02/01
45	✓	✓	02/02/01
46	✓	✓	02/02/01
47	✓	✓	02/02/01
48	✓	✓	02/02/01
49	✓	✓	02/02/01
50	✓	✓	02/02/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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